ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective <u>06/01/2009</u>.

(1) Coverage		(2) Annual Premium	(3) Percent
2212123		Volume (Illinois)*	Change (+ or –)**
Automobile Liability Private Passenger Commercial			
Automobile Physical Dama Private Passenger Commercial	nge .		
3. Liability Other than Auto	_		
Burglary and Theft	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR		
5. Glass	DIVISION OF MOISIDEPR		
6. Fidelity	STATE OF LLINE		
7. Surety	3 C F		
8. Boiler and Machinery	JUN 0 1 2009		
9. Fire	JUN 0 1 5000		
10. Extended Coverage			
11. Inland Marine	SPRINGFIELD, ILLINO	15	
12. Homeowners	SPRINGFIELD		
13. Commercial Multi-Peril			
14. Crop Hail			
15. Workers Compensation		120,198,262	<u>+ 2.7 %</u>
16. Other			
Line of Insurance			
Does filing only apply to certain	territory (territories) or certain class	ses? If so, specify <u>No</u>	
Brief description of filing (if filing	follows rates of an advisory organ	nization, specify organizat	tion) See cover letter:
(Adopt 1/1/09 Advisory Rates)		, , ,	,

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

Amended Effective Date

ACE AMERICAN INSURANCE COMPANY Name of Company

Steve Kreider - WC Associate Product Manager Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Una	inge in Company's premium or rate le	vel produced by rate revision eπective	4/1/2009
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$1,656,547	5.60%
	Line of Insurance		
		territories) or certain classes? If so, specify:	We are revising the list of
cred	ited classes to delete 3066 and add 3076 since	NCCI has discontinued class 3066.	
		rates of an advisory organization, specify organization	anization): We are adopting
NCC	Loss Costs (IL-2008-07). There is no change to	to our Loss Cost Multipliers.	
	P. J. L. 1. (1971)		
	ljusted to reflect all prior rate changes		
**C	nange in Company's premium level w	hich will result from application of new rates.	
		A -d-d-1	Insurance Company
			Insurance Company
		Na	me of Company
		Allan D. Caranaa	n VP Corporate Underwriting
			n, VP - Corporate Underwriting
		•	Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

APR 0 1 2009

FORM (RF-3) ESTIMATED SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2009

	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume	Change (+or-) **
1.	Auto Liability Private Passenger	N/A	N/A
	Commercial	N/A	N/A
2.	Auto Physical Damage Private Passenger	N/A	N/A
	Commercial	N/A	N/A
3.	Liability Other Than Auto	N/A	N/A
4.	Burglary & Theft	N/A	N/A
5.	Glass	N/A	N/A
6.	Fidelity	N/A	N/A
7.	Surety	N/A	N/A
8.	Boiler & Machinery	N/A	N/A
9.	Fire	N/A	N/A
10.	Extended Coverage	N/A	N/A
11.	Inland Marine	N/A	N/A
12.	Homeowners	N/A	N/A
13.	Commercial Multi-Peril	N/A	N/A
14.	Crop Hail	N/A	N/A
15.	Other Workers Comp (Line of Insurance)	\$61746	2%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing.(If filing follows the rates of an advisory organization's specify organization): We are withdrawing the NCCI 3% rate charge for terrorism. The coverage is still provided but at no charge (0%). We are also adopting the NCCI Voluntary Advisory rates which are effective 1/1/09.

** Change in Company's premium level which will result from application of new rates.

> American Country Insurance Company, Inc. Name of Company

Tom Gannon, Compliance Manager

Official Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR FILED

JAN 0 1 2009

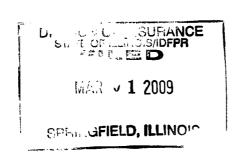
	Change in Company's premium or rate	level produced by rate revision effective	04-01-2009
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
; ;	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
•	Extended Coverage		
•	Inland Marine	100	
•	Homeowners		
	Commercial Multi-Peril		
	Crop Hail	, , , , , , , , , , , , , , , , , , ,	
	Other Workers Compensation	\$5,238,666	+9.8
•	Line of Insurance	40,200,000	
		ritories) or certain classes? If so, specify:	
o ef	iling only apply to certain territory (ter	rates of an advisory organization, specify	organization):
ef (iling only apply to certain territory (ter		organization):
ef o	iling only apply to certain territory (ter	rates of an advisory organization, specify	organization):
o ef	iling only apply to certain territory (ter	rates of an advisory organization, specify	organization):
ef doj	lescription of filing. (If filing follows atting 1-1-09 NCCI loss costs and rating	rates of an advisory organization, specify of the state of an advisory organization, specify of the state of	organization):
ef doj	lescription of filing. (If filing follows atting 1-1-09 NCCI loss costs and rating djusted to reflect all prior rate changes.	rates of an advisory organization, specify of the specify of the specific transfer of	organization):
ef doj	lescription of filing. (If filing follows a bring 1-1-09 NCCI loss costs and rating distent to reflect all prior rate changes. In ange in Company's premium level wh	rates of an advisory organization, specify of the specify of the specific transfer of	organization):
ef doj	lescription of filing. (If filing follows a point 1-1-09 NCCI loss costs and rating disting to reflect all prior rate changes. In ange in Company's premium level who sult from application of new rates.	rates of an advisory organization, specify g values effective 4-1-09 and changing LC	organization):
ef doj	lescription of filing. (If filing follows a point 1-1-09 NCCI loss costs and rating disting to reflect all prior rate changes. In ange in Company's premium level who sult from application of new rates.	rates of an advisory organization, specify g values effective 4-1-09 and changing LC	organization):
ef doj	lescription of filing. (If filing follows a point 1-1-09 NCCI loss costs and rating disting to reflect all prior rate changes. In ange in Company's premium level who sult from application of new rates.	rates of an advisory organization, specify g values effective 4-1-09 and changing LC	organization): M from 1.49 to 1.61.
ef doj	lescription of filing. (If filing follows a point 1-1-09 NCCI loss costs and rating disting to reflect all prior rate changes. In ange in Company's premium level who sult from application of new rates.	rates of an advisory organization, specify g values effective 4-1-09 and changing LC	organization): IM from 1.49 to 1.61.
ef doj	description of filing. (If filing follows and rating 1-1-09 NCCI loss costs and rating distent to reflect all prior rate changes. In ange in Company's premium level who sult from application of new rates.	rates of an advisory organization, specify youlues effective 4-1-09 and changing LC ich will SION OF INSURANCE American Comp	organization): IM from 1.49 to 1.61. ican Economy Insurance
ef doj	description of filing. (If filing follows and rating 1-1-09 NCCI loss costs and rating distent to reflect all prior rate changes. In ange in Company's premium level who sult from application of new rates.	rates of an advisory organization, specify youlues effective 4-1-09 and changing LC ich will SION OF INSURANCE American Comp	organization): IM from 1.49 to 1.61.
ef doj	djusted to reflect all prior rate changes. Company's premium level whisult from application of new rates.	rates of an advisory organization, specify y values effective 4-1-09 and changing LC ich will SION OF INSURANCE American Comp	organization): IM from 1.49 to 1.61. ican Economy Insurance
ef doj	djusted to reflect all prior rate changes. Company's premium level whisult from application of new rates.	rates of an advisory organization, specify y values effective 4-1-09 and changing LC ich will SION OF INSURANCE American Comp	ican Economy Insurance any Name of Company
ef doj	djusted to reflect all prior rate changes. Company's premium level whisult from application of new rates.	rates of an advisory organization, specify y values effective 4-1-09 and changing LC ich will SION OF INSURANCE American Comp	ican Economy Insurance any Name of Company
ef doj	djusted to reflect all prior rate changes. Company's premium level whisult from application of new rates.	rates of an advisory organization, specify youlus effective 4-1-09 and changing LC and changin	ican Economy Insurance any Name of Company

	Change in Company's premium or rate	level produced by rate revision effective	ve <u>04-01-2009</u>
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
_	Commercial		
2.	Automobile Physical Damage Private Passenger		
3.	Commercial Liability Other Than Auto		
3. 4.	Burglary and Theft		
4. 5.	Glass		
5. 6.	Fidelity		
7.	Surety		
7. 8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	water - Comment of the Comment of th	
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$5,758,482	+10.4
Does No	filing only apply to certain territory (ter	ritories) or certain classes? If so, speci	ify:
Brief Ado	description of filing. (If filing follows appting 1-1-09 NCCI loss costs and rating	rates of an advisory organization, speci values effective 4-1-09 and changing	ify organization): LCM from 1.66 to 1.79.
* / ** (r	Adjusted to reflect all prior rate changes. Change in Company's premium level where esult from application of new rates.	INGFIELD, ILLINOIS Errori	nerican States Insurance mpany Name of Company 3. United ic B. Ummel ic President, Commercial Lines oduct Management Official - Title

SUMMARY SHEET

		(1)	(2) Annual Premium	(3) Percent
	9	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automob	ile Liability		
		Passenger		
	Comme			
2.		ile Physical Damage		
		Passenger		
	Comme			
3.		Other Than Auto		
4.	Burglary	and Theft		
5.	Glass			
6.	Fidelity			
7.	Surety	13.6 11		
8.		d Machinery		
9.	Fire	C	120	***************************************
10. 11.	Inland Ma	Coverage		
11. 12.	Homeow			
12. 13.		ial Multi-Peril		
13. 14.	Crop Hai			
1 4 . 15.	Other	Workers'	\$3,767.31	+3.62%
15.	Outer	Compensation	ψ5,707.51	73.0270
		Line of Insurance		

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



Ansur America Insurance Company
Name of Company

Wanda Raymond
R&D Senior Associate
Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

JAN 0 1 2009

Form (RF-3)

SUMMARY SHEET

Change in Company's premiurevision effective 1/1/09	m or rate level produced $f k$	py fateSPRINGFIELD, ILLINOIS
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass 6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$150,962	+3.8 %
Line of Insurance		
If so, specify: <u>No</u> Brief description of filing. (If organization, specify organization)		Loss Costs IL-2008-13 nultipliers. We are on to our Installment
* Adjusted to reflect all prior a ** Change in Company's premium lev result from application of new	vel which will	
	Atlantic Specialty Insura Name of Compar	
	peyl R. Varner	
Cheryl R Compensat:	. Turner, Assistant Vice P ion	resident Workers

Official -Title

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		03/01/2009	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial			
Automobile Physical Damage Private Passenger Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers Compensation	\$63,438,580.	+3.8%	
Line of Insurance			
Does filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	All classes and codes are affected.	
Brief description of filing. (If filing follows rat	es of an advisory organization, enecify organization	ganization). We are adopting	
NCCI's rates effective 3/1/09. Please refere	es of all advisory organization, specify org	18-07	
NOCISTALES effective 3/1/03. Thease refere	CHOC NOOT CHOCKETS IE 2000 00 and IE 200		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	ch will result from application of new rates.		
	The Cincin	nati Casualty Company	
		lame of Company	
	·		
	Connie	Petertonjes - Analyst	
		Official - Title	

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAR 0 1 2009

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

hange in Company's premium or rate level produced by rate revision effective _		03/01/2009	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage			
3. Liability Other Than Auto			
4. Burglary and Theft			
6. Fidelity			
7. Surety			
8. Boiler and Machinery 9. Fire			
3. The 10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers Compensation	\$7,830,996.	+3.2%	
Line of Insurance			
Does filing only apply to certain territory (territory) Brief description of filing. (If filing follows rates) NCCI's rates effective 3/1/09. Please refere	es of an advisory organization, specify or	ganization): We are adopting	
140013 fates effective of 1700. Thease refere	TIOC TO OT OTTOGRATO TE 2000 00 UTA TE EX		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic	The Cincil	nnati Indemnity Company	
		Name of Company	
	Connie	Petertonjes - Analyst	
		Official – Title	



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		03/01/2009	
(1 <u>)</u> <u>Cover</u>		(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liabil			
Passenger C			
2. Automobile Physi	_ · · · ·		
 Liability Other The Burglary and The 			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machin	nerv		
9. Fire			
10. Extended Covera	ge		
11. Inland Marine			
12. Homeowners			
13. Commercial Multi	-Peril		
14. Crop Hail	<u>-</u>		
15. Other Workers C		\$11,268,486 .	+3.4%
Line o	f Insurance		
Does filing only apply	to certain territory (territ	ories) or certain classes? If so, speci	fy: All classes and codes are affected.
Brief description of fili	ing. (If filing follows rates	of an advisory organization, specify	organization): We are adopting
NCCI's rates effective	3/1/09. Please reference	ce NCCI circulars IL-2008-09 and IL-	2008-07.
*Adjusted to reflect al **Change in Compan		will result from application of new rat	es.
		The Cin	cinnati Insurance Company
		The On	Name of Company
			• •
		Con	nie Petertonjes - Analyst
			Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAR 0 1 2009

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2009

	(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>		Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation	55,761	-0.8%
	Line of Insurance		
_		0.16	
Doe	es filing only apply to certain territory	(territories) or certain classes? If so, specify:	No
	C. L. C.		ani-ation).
		rates of an advisory organization, specify organization	anization).
Ado	ption of NCCI 1-1-2009 loss costs		
*^~	justed to reflect all prior rate changes		
		hich will result from application of new rates.	
		DaimlerChrysler Insurance Com	pany
		Nar	ne of Company
		Michelle Freitag, Consulting Act	uary
			Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

FEB **0 1** 2009

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective $\frac{1}{109}$.

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Priv Comm	obile Liability rate Passenger nercial obile Physical Damage		
Comm 3. Liabil 4. Burgla 5. Glass 6. Fideli 7. Surety 8. Boiler 9. Fire 10. Extend 11. Inland 12. Homeow 13. Commer 14. Crop H	e and Machinery Red Coverage Marine Mers Total Multi-Peril	\$520,880	+3.8%
Does filir	Line of Insurance	territory (territories)or	certain classes?
			3.4.4.1.
Brief des organizat	cription of filing of fi ion NVSION OF INSURANCE or STATE OF ILLINOIS/IDEPA FILE D JAN 0 1 2009	filing follows rates of and the Adoption of the NCCI Maintain current mult filing a revision to Premium Payment Plan.	Loss Costs IL-2008-13 iplier. We are also
	SPRINGFIELD, ILLINOIS		

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Employers Fire Insurance Company
Name of Company

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR PRECEIVED

DEC 2 9 2008

SPRINGFIELD, ILLINOIS

Cheryl R. Vurner

Cheryl R. Turner, Assistant Vice President Workers Compensation

Official -Title

(Change in Company's premium or rate	level produced by rate revision effective	04-01-2009
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$3,463,802	+3.5
	Line of Insurance		
Does f	iling only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
Adop	description of filing. (If filing follows opting 1-1-09 NCCI loss costs and rating djusted to reflect all prior rate changes.	rates of an advisory organization, specify of the state of an advisory organization, specify of the state of	organization): M from 1.85 to 1.87.
** C	hange in Company's premium level wh sult from application of new rates.		
	DIVISION OF	FINGLIDANOE	

STATE OF ILLINOIS/IDFPR

APR 0 1 2009

First National Insurance Company of America

Name of Company

Eric B. Ummel Vice President, Commercial Lines Product Management

Official - Title

SUMMARY SHEET

		(1)	(2) Annual Premium	(3) Percent
	<u>C</u>	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobi	le Liability		
	Private P	assenger		
	Commerc			
2.		le Physical Damage		
	Private P	•		
	Commerc			
3.		Other Than Auto		
4.	Burglary a	ınd Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.		l Machinery		
9.	Fire		80-90-90 2007-118	
0.	Extended	•		
1.	Inland Ma	rine		
2.	Homeown			
3.		ial Multi-Peril		
4.	Crop Hail			
5.	Other	Workers'	\$107,045.16	+1.15%
		Compensation		
		Line of Insurance		
,				
	iling only ap	ply to certain territory (t	erritories) or certain classes? If so, specify:	
lo l				

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



MAR 0 1 2009

Frankenmuth Mutual Insurance Com Name of Company

Name of Company

Wanda Raymond R&D Senior Associate Official - Title

(1) (2) Annual Premium Percent Coverage Volume (Illinois)* Change (+ or -)** 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No		level produced by rate revision effective	04-01-2009
Coverage Volume (Illinois)* Change (+ or -)** 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify:	(1)	(2) Annual Premium	
Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,225,394 +10.7	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,225,394 +10.7			
2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,225,394 +10.7 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify:			
Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,225,394 +10.7 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify:			
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,225,394 +10.7 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify:	Passenger		
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,225,394 +10.7 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify:			
5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,225,394 +10.7 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify:			
6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,225,394 +10.7 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify:	mid Theit		
7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,225,394 +10.7 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify:		7	
8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,225,394 +10.7 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify:			
9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,225,394 +10.7 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify:	l Machinery		1.72
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,225,394 +10.7 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify:			
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,225,394 +10.7 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify:	Coverage		
13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$2,225,394 +10.7 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify:	_		
14. Crop Hail 15. Other Workers Compensation \$2,225,394 +10.7 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify:	ners		
15. Other Workers Compensation \$2,225,394 +10.7 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify:	ial Multi-Peril		
15. Other Workers Compensation \$2,225,394 +10.7 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify:			
Does filing only apply to certain territory (territories) or certain classes? If so, specify:		\$2,225,394	+10.7
No	Line of Insurance		
	Line of Insurance oply to certain territory (terr	ritories) or certain classes? If so, specify:	
The second secon			
	NCCI loss costs and rating	values effective 4-1-09 and changing LC	M from 1.82 to 1.97.
Adopting 1-1-09 NCCI loss costs and rating values effective 4-1-09 and changing LCM from 1.82 to 1.97.			
Adopting 1-1-09 NCCI loss costs and rating values effective 4-1-09 and changing LCM from 1.82 to 1.97.	IODO OODO MIGITARINE		
Brief description of fili	of fili	ing. (If filing follows i	ing. (If filing follows rates of an advisory organization, specify loss costs and rating values effective 4-1-09 and changing LC

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

Change in Company's premium level which will

result from application of new rates.

APR 0 1 2009

SPRINGFIELD, ILLINOIS

General Insurance Company of America

Name of Company

Ein B. Ummel

Eric B. Ummel Vice President, Commercial Lines Product Management

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

(1) Coverage	evision effective <u>0 2/01/2909</u> (2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	, ,	
Private Passenger		
Commercial		
. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass]	
6. Fidelity 7. Surety 8. Boiler and Machinery		
7. Surety STATE OF ILLINOIS/15/15		
9. Fire 0. Extended Coverage JUN 0 1 2009		
	 	
I. Inland Marine		
2. Homeowners 3. Commercial Multi-Peril SPRINGFIELD, ILLINOIS		
3. Commercial Multi-Peril SPRINGFIELD, ILLINOIS		
4. Crop Hail	110,330,646	+2.7%
5. Workers Compensation 6. Other	110,000,040	
Line of Insurance		
Line of insurance		

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Amended Effective Unte

INDEMNITY INSURANCE COMPANY of N. AMERICA
Name of Company

<u>Steve Kreider – WC Associate Product Manager</u> Official — Title



JUN 0 1 20"

SPRINGFIELD

	,	SUMMARY SHEET	MAR A
	Change in Company's premium or revisions effective 03/01/2009	or rate level produced by rate	SPRINGER
	(1)	(2) Annual Premium	SPRINGFIELD, ILLINOIS Percent
	Coverage	Volume (Illinois)*	Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		***************************************
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	-	
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	3,205,256	29.20%
	Line of Insurance		
	s filing only apply to certain territory classes.	y (territories) or certain classes? If s	so, specify:
We v	f description of filing. (If filing followill adopt NCCI loss costs as approxiplier of 1.727 with the exception of 2, and 8810 where we will adopt the	ved in NCCI circular IL-2008-13 us classes except 0037, 0050, 0083, 20	ing a loss costs 014, 4583, 8215, 8304,
	ljust to reflect all prior rate changes. Thange in Company's premium level		of new rates.
		Michigan Millers Mutual	Incurance Company
		Name of Con	

Tom Lindell -- Executive Vice President
Official - Title

Change in Company's premium or rate level produced by rate

revisions effective 03/01/2008

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAR 0 1 2009

SPRINGFIELD, ILLINOIS

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -) **</u>
1.	Automobile Liability		
	Private Passenger		the last
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	***	
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	3,887,272	29.20%
	Line of Insurance		
	•		
	s filing only apply to certain territory (te	erritories) or certain classes? If	so, specify:
All t	erritories and all classes.		
	0.1 0.01. /20.01. 0.11		
Brie	f description of filing. (If filing follows	rates of an advisory organizatio	n, specify organization):
	g NCCI Circular IL-2008-13, we have the except 0037, 0050, 0083, 2014, 4583		

costs multiplier of 2.032 due to poor loss experience.

Michigan Millers Mutual Insurance Company
Name of Company

Tom Lindell -- Executive Vice President
Official - Title

^{*} Adjust to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.

	revision effective	April1, 2009 (2)	(3)
	(1)	Annual Premium	Percent
	Coverage	Volume (Illinois) *	Change (+ or -) *
	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	\$2,782,000	9.8%
	Line of Insurance		
_	Clina and a same de sa	with wine) on contain	
	oes filing only apply to certain territory (ter lasses? If so, specify: Yes, we are propo	sing an upward deviation of 1.176 for	or contractors
	rtisan contractor classes and automotive class		or contractors,
_	Tusair Contractor classes and automotive class	es coco and coco.	
В	rief description of filing. (If filing follows ra	tes of an advisory	
	rganization, specify organization):	•	
-	We are proposing an upward deviation of 1	.176 for contractors, artisan contrac	tors classes
_	and automotive classes 8380 and 8393.		

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

APR 1 2 2009

Mid-Century Insurance Company
Name of Company

gam g Sallarl

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation

Change in	Company's premium or rate level produced b	y rate revision effective		03/01/09
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+or	·-)**
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial			
3.	Liability Other than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety DIVISION OF INSURANCE Boiler & Machiner I II Fire NAR 0 1 2009			
8.	Boiler & Machiner			
9.	I MAIL			
10.	Extended Coverage Inland MarinesPRINGFIELD, ILLINOIS			
11.	Inland MarineSPRINGPIL			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Workers' Compensation	5,534,894	4.2%	
16.	Other			
	Does filing only apply to certain territory(ies) No	or certain classes? If so, specify:		
	Brief description of filing. (If filing follows rate Adoption of NCCI Loss cost and expense co		cify organizat	ion.

North American Specialty Insurance Company Name of Company

Linda Snook, Compliance Specialist
Official -- Title

^{*} Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/09

1.0	.vibion circultuc	•	
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Priv Comm 2. Automo Priv Comm 3. Liabil 4. Burgla	obile Liability vate Passenger mercial obile Physical Damage vate Passenger mercial ity Other Than Auto		
5. Glass 6. Fideli	+17		
7. Surety			
	and Machinery		
9. Fire	<u>-</u>		
10. Extend	led Coverage		
ll. Inland	Marine		
12. Homeow	ners		
	cial Multi-Peril		
14. Crop H			
15. Other	Workers Compensation	\$1,325,653	+3.8 %
	Line of Insurance		
Does filir If so, spe	ng only apply to certain ecify: No	territory (territories)or	certain classes?
Brief desc	ription of filing. (If	filing follows rates of a	n advisory
organizat	JAN 0 1 2009	Adoption of the NCCI Maintaining the curr are also filing a rev Installment Premium P	Loss Costs IL-2008-13 ent multiplier. We ision to our
	SPRINGFIELD, ILLINOIS		

- * Adjusted to reflect all prior rate changes.

 ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR FRECEIVED

DEC 29 2008

SPRINGFIELD, ILLINOIS

OneBeacon America Insurance Company

Name of Company

Cheryl R. Turner, Assistant Vice President Workers Compensation

Yeryl R. Turner

Official -Title

		DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
Form (RF-3)	SUMMARY SHEET	
Change in Company's premision effective $\frac{1}{1}$	ium or rate level produced by	
(1)	(2)	SPRINGFRELD, ILLINOIS
	Annual Premium	I CI Guardin
Coverage	Volume (Illinois)*	Change (+ or -)**
 Automobile Liability Private Passenger Commercial 		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
 Boiler and Machinery Fire 		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	\$12,284	-19.7 %
Does filing only apply to certain If so, specify:	n territory (territories)or o	certain classes?

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of the NCCI Loss Costs IL-2008-13

We are amending the multiplier to 1.00. We are also filing a revision to our Installment Premium Payment Plan.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

OneBeacon Insurance Company

Name of Company

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

DEC 29 2008

SPRINGFIELD. ILLINOIS

Cheryl R. Turner

Cheryl R. Turner, Assistant Vice President Workers Compensation

Official -Title

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DEC 1 9 2008

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

(Change in Company's premium or rate	e level produced by rate revision effe	ective <u>2/1/2009</u>
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		•
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		,
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other Workers Compensation	10,918,146	0.5%
••	Line of Insurance		
oes f	iling only apply to certain territory (ter	rritories) or certain classes? If so, sp	pecify:
	lescription of filing. (If filing follows re adopting the NCCI loss costs that a		
Cl	djusted to reflect all prior rate changes nange in Company's premium level wh sult from application of new rates.	nich will	
	DI		Selective Insurance Company of
		\	South Carolina
		FFB 1 2 2009	Name of Company

CORINGFIELD, ILLINOIS

Tracy Potter

State Filing Specialist

Official - Title

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DEC 1 9 2008

AADV SHEET | IDF

Official - Title

Form (RF-3)

SUMMARY SHEET

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

	Change in Company's premium or rate	e level produced by rate revision effe	ctive	2/1/2009
	(1)	(2) Annual Premium		(3) Percent
	Coverage	Volume (Illinois)*		<u>Change (+ or -)**</u>
1.	Automobile Liability			
	Private Passenger		_	
	Commercial		_	
2.	Automobile Physical Damage			
	Private Passenger		_	· · · · · · · · · · · · · · · · · · ·
_	Commercial		_	
3.	Liability Other Than Auto		_	
1 .	Burglary and Theft		_	
5. 5.	Glass		_	
	Fidelity Surety		_	
7. 3.	Boiler and Machinery		_	
3. 9.	Fire		_	
).).	Extended Coverage	-	_	
). I.	Inland Marine		_	
2.	Homeowners		_	
3.	Commercial Multi-Peril		_	
1.	Crop Hail			
5.	Other Workers Compensation	9,305,357	_	8.4%
	Line of Insurance			
No	filing only apply to certain territory (ter			ganization):
Ve a	re adopting the NCCI loss costs that a	re effective 1/1/09 and revising our c	urrent le	oss cost multipliers.
	J			
· A	djusted to reflect all prior rate changes hange in Company's premium level wh	sich will		
re	sult from application of new rates.	Hon win		
	· · ·			
	and the second	The state of the s	G 1 .:	
	DIVISION	ii i inois/idfph	Selective	e Insurance Company of
	SIAIEO			Name of Company
		2000		1 turno of Company
	FEB	1 2 2009		
	l l			
			Tracy Po	
	Spring		State Fil	ing Specialist

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate leve	el produced by rate revision effective	04-01-09
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft5. Glass		

6. Fidelity 7. Surety		
7. Surety8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		***************************************
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$36,900,863	+4.2%
Line of Insurance	400,300,000	· +.2.70
Does filing only apply to certain territory (te		
Brief description of filing. (If filing follows 1/1/2009 loss costs and miscellaneous rational files of the f		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whi	ch will result from application of new rates	;.
	Chata Farms I	
		Fire and Casualty Company Name of Company
	Gregory S.	Girard, F.C.A.S., MAAA
	Actuary and A	ssistant Secretary-Treasurer
	- total y will a r	Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

APR 0 1 2009

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate le	evel produced by rate revision effective	4/1/2009	
	(1)	(2) Annual Premium	(3) Percent	
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**	
1.	Automobile Liability			
	Private Passenger			
	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
	Extended Coverage			
	Inland Marine			
	Homeowners			
	Commercial Multi-Peril			
	Crop Hail			
	Other Workers' Compensation	\$9,203,141	3.90%	
	Line of Insurance			
Doe	es filing only apply to certain territory (territories) or certain classes? If so, specify:	We are revising the list of	
	ited classes to delete 3066 and add 3076 since	•		
Brie	ef description of filing. (If filing follows	rates of an advisory organization, specify org	anization): We are adopting	
NCC	I Loss Costs (IL-2008-07). There is no change t	to our Loss Cost Multipliers.		
	justed to reflect all prior rate changes			
**C	hange in Company's premium level w	hich will result from application of new rates.		
	·	United Fire & Casualty		
		Na	me of Company	
			n, VP - Corporate Underwriting	
		· ·	Official – Title	

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

APR 0 1 2009

Cha	inge in Company's premium or rate level produced by	rate revision effective	03/01/09			
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+or-)**			
1.	Automobile Liability Private Passenger Commercial					
2.	Automobile Physical Damage Private Passenger Commercial					
3.	Liability Other than Auto					
4.	Burglary and Theft					
5 .	Glass DIVISION OF INSURANCE					
6.	Fidelity FILLINOIS/IDFPR					
7.	MAR 0 1 2009					
8.	Boiler & Machinery					
9.	Fire SPRINGFIELD, ILLINOIS		and the state of t			
10.	Extended Coverage					
11.	Inland Marine					
12.	Homeowners					
13.	Commercial Multi-Peril					
14.	Crop Hail					
15.	Workers' Compensation	19,844,077	4.2%			
16.	Other					
Does filing only apply to certain territory(ies) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization. Adoption of NCCI Loss cost and expense constant change to \$350.						
	** Change in Company's premium level w	hich will result from application o	f new rates.			

Westport Insurance Corporation				
Name of Company				
Linda Snook, Compliance Specialist				
Official - Title	_			